

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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35	1					
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44	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	20					
TOTAL	24					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
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